			or Home-Based E				
DATA REQUIRED by the PRIV information will be used by the is designed as a template to l	ne Senior C	ommander or th	eir designee to de	etermine whether or i	B. Purpose(s): TI not to grant this	he requeste request. Th	d his checklist
			e-Based Business				
Name (Last, First, MI)			Name of Business			Telephone Number	
Address of Proposed Business:			Email Address:		Previously Approved?		
Installation if Previously Approved:						YES	NO
Briefly describe the proposed I	ousiness a	ctivity:					
Pusings Catagory Snouse Owner			and Operated?		Application Su	hmission Da	ate:
Business Category:		Spouse Owned and Operated?			Application Gustingsien Buter		
☐ The HBB owner is required to department for compliance with a ☐ The residential character of Parts or materials related to the Hyards of the property. Signage is ☐ Customers may only patroni ☐ Noise, vibrations, or odors s	applicable lathe property HBB shall be limited to v ze a HBB be hall not be o	ws, codes, regulary shall be maintaing screened from purchat can be displaretween the hours detectable beyond at the above state	ntions and requiremed. The HBB may bublic view and will yed in a single win of 0600 and 2000. If the property line.	nents. In not occupy more than be limited to the interior of the interior of the inside are the	n 25 percent of th or of the structure nd may not be illu	e home's gro e or the side iminated.	oss floor area. and rear
guidance contained within the ins	stallation's F	IBB policy letter.	D-4				
Signature:			Dat				parts on a
Directorate / Office	Building	Telephone #	nstallation Coordination Recommendation		Initial		Date
Directorate, Family and Morale,	500		Applies	ition Pick-up			
Welfare and Recreation	Room 108	785-239-6311		γ		<u> </u>	
Corvias Community Manager			Approval	Disapproval		ļ	
USAG Housing Manager	407 Room 221		Approval	Disapproval			
Welfare and Recreation	500 Room 108	785-239-6311	Application Turn-in				
Judge Advocate General (Legal Review)			No Legal Objection	Legally Insufficient			
Reason for Disapproval							
		Insta	Ilation Approval	Authority			
I have reviewed the above appli	cation for H	IBB permit and I h	ave decided to cir	approve / disapprovi cle one	e same.		
TOD A. SCALF Director, Family and Morale, Welfare a Expiration Date: Recreation (1 year from date of signature unless otherwise indicated)						and	